

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	X	X	X	X		
5						
6						
7	X					
8						
9						
10						
11						
12						
13						
14						
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16						
17						
18						
19						
20		2				
21		1				
22		4				
23		1				
24		1				
25		1				
26		1				
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48						
49						
50						
TOTAL IND.	13		5			
TOTAL DEP.	29		5			
TOTAL CLAIMS	42		10			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS